

# EXHIBIT D

CNTY# AGY# SUB# RPT#

10 4 BZV 6158

AUDIT #

STATE OF FLORIDA  
APPLICATION FOR VEHICLE/VESSEL  
CERTIFICATE OF TITLEL# 4066604  
T# 1739537697  
B# 2811130  
S# 95599842

TITLE NUMBER	VEHICLE/VESSEL IDENTIFICATION #	YR. MAKE	MAKE OF MANUFACTURER	BODY TYPE	VEHICLE COLOR	WT/LENGTH	GVW/LOC
148916382	3CZR05H77KM718777	2019	HOND	4D	BLK	3500	
DATE OF ISSUE MO. DAY YEAR	TRANS CODE	VEHICLE USE	HULL MATERIAL	PROPULSION	FUEL	VESSEL TYPE	WATER
12 02 22	OUT	PRIVATE					

Applicant/Owner's Name & Address  
MORGAN MARGARET SACONE  
131 S FEDERAL HWY APT 621  
BOCA RATON, FL 33432BIRTHDATE  
SEX MO. DAY YEAR Y N ALIEN RES.#  
F 06 07 98 X 26  
1st OWNER FL/DL# OR  
F.E.I.D.#  
2nd OWNER FL/DL# OR  
UNIT #

S250553987070

## VOLUNTARY CONTRIBUTIONS

AGENCY FEE	TITLE FEE	SALES TAX	GRAND TOTAL
4.75	83.00	0.00	87.75

Action Requested: ORIG USED TITLE  
RETAINED AS ELECTRONIC TITLE

Brands:

PREV. STATE	DATE ACQUIRED	NEW	USED	ODOMETER / VESSEL MANUFACTURER	ODOMETER DECLARATION CERTIFICATION
TX	11/29/2022		XX	9,712 MILES 11/29/2022 ACTUAL	<input type="checkbox"/>

LIEN INFORMATION	DATE OF LIEN	RECEIVED DATE	FEID # OR FL / DL AND SEX AND DATE OF BIRTH	DMV ACCOUNT #
ELT	11/29/2022	12/02/2022	954177647-01	201803682

NAME OF FIRST LIENHOLDER:  
WESTLAKE FINANCIAL SERVICESADDRESS  
ELECTRONIC LIEN

SALVAGE TYPE

## SELLER INFORMATION

NAME OF SELLER, FLORIDA DEALER, OR OTHER PREVIOUS OWNER  
CARSTRADA INCADDRESS  
6023 HOLLYWOOD BLVD # B  
HOLLYWOOD, FL 33024-7935DEALER LICENSE NO.  
V110189171

CONSUMER OR SALES TAX EXEMPTION #

## SALES TAX AND USE REPORT

TRANSFER OF TITLE ☐ PURCHASER HOLDS VALID  
IS EXEMPT FROM EXEMPTION CERTIFICATE  
FLORIDA SALES OR ☐ VEHICLE / VESSEL WILL BE  
USE TAX FOR THE USED EXCLUSIVELY FOR RENTAL  
REASON(S) CHECKED ☐ OTHER

INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY  
UNPAID BALANCE DUE SELLER, BANK OR OTHERS \$  
INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES \$ 0.00☐ SELLING PRICE VERIFIED

## APPLICANT CERTIFICATION

I/WE HEREBY CERTIFY THAT THE VEHICLE/VESSEL TO BE TITLED WILL NOT BE OPERATED UPON THE PUBLIC HIGHWAYS/WATERWAYS OF THIS STATE.

☐ I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED.☐ I CERTIFY THAT THIS MOTOR VEHICLE/VESSEL WAS REPOSSESSED UPON DEFAULT OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.

I/WE HEREBY CERTIFY THAT I/WE LAWFULLY OWN THE ABOVE DESCRIBED VEHICLE/VESSEL, AND MAKE APPLICATION FOR TITLE. IF LIEN IS BEING RECORDED NOTICE IS HEREBY GIVEN THAT THERE IS AN EXISTING WRITTEN LIEN INSTRUMENT INVOLVING THE VEHICLE/VESSEL DESCRIBED ABOVE AND HELD BY LIENHOLDER SHOWN ABOVE. I/WE FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature of Applicant/Owner

Signature of Applicant/Co-Owner

HSMV 82041 REVISED 02/06

SCAN CODE

MVT

I UNDERSTAND THAT MY DRIVER LICENSE AND REGISTRATIONS WILL BE SUSPENDED IMMEDIATELY IF THE INSURER DENIES THE INSURANCE INFORMATION SUBMITTED FOR THIS REGISTRATION.

STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
DIVISION OF MOTORIST SERVICES  
Neil Kirkman Building - Tallahassee, FL 32399-0500  
**MOTOR-VEHICLE TITLE REASSIGNMENT SUPPLEMENT**

(Instructions on Reverse Side)

This reassignment is supplement to: ☐ Title No.: 16668 2706 State of Issue: TX☐ Manufacturer's Statement or Certificate of Origin

Is the title electronic?

☐ Yes ☐ No

## VEHICLE DESCRIPTION

Vehicle Identification Number	Year	Make	Model	Body
3C2RU5H77KN7877	2019	RAM	HRV	SUV

## REASSIGNMENT INFORMATION

Name of Seller(s)/Agent (Print)	DL/ID#, DMS ACCT#, FEID#	DEALER/AUCTION LICENSE (if applicable)	
CARSTRADA INC	1710189171		
Street Address	City	State	Zip
6023 McHenry Road Bldg	McHenry	FL	33024
Selling Price (If Applicable)	Sales Tax Collected (If Applicable)	Sales Tax Reg. No. (If Applicable)	
Purchaser and Co-Purchaser's Printed Name(s)	Date of Sale		
MORGAN M SACCONE	11/29/22		
Purchaser's Address	City	State	Zip
131 S FEDERAL HWY APT 621	BOCA RATON	FL	33432
Co-Purchaser's Address (If applicable)	City	State	Zip
Auction Name (If applicable)	Auction License Number	State of License	Date of Auction
Street Address	City	State	Zip

## ODOMETER DISCLOSURE STATEMENT

WARNING: FEDERAL AND STATE LAW REQUIRE THAT YOU STATE THE ODOMETER MILEAGE IN CONNECTION WITH TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES AND/OR IMPRISONMENT.

I/WE STATE THAT THIS ☐ 5 OR ☐ 6 DIGIT ODOMETER NOW READS ☐ ☐ ☐ ☐ ☐ ☐ XX (NO TENTHS) MILES.  
DATE READ 11/29/22 AND I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ODOMETER READING.

CAUTION:  
READ CAREFULLY  
BEFORE YOU  
CHECK A BOX

- ☒ 1. REFLECTS ACTUAL MILEAGE  
☐ 2. IS IN EXCESS OF ITS MECHANICAL LIMITS  
☐ 3. IS NOT THE ACTUAL MILEAGE. WARNING - ODOMETER DISCREPANCY

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING  
DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Printed Name of seller(s)/Agent	Seller(s)/Agent Signature
VMI SIGAL	[Signature]
Printed Name of Co-seller (If applicable)	Co-Seller Signature (If applicable)
Purchaser(s) Signature	Co-Purchaser(s) Signature
[Signature]	
Purchaser(s) Printed Name First, Full Middle or Maiden, Last	Co-Purchaser(s) Printed Name First, Full Middle or Maiden, Last
MORGAN SACCONE	

NOTICE: ANY ALTERATION OR ERASURE MAY VOID THIS ASSIGNMENT AND ALL ASSIGNMENTS THAT FOLLOW.

ORIGINAL: SUBMIT WITH APPLICATION FOR TITLE

COPY: SELLER/DEALER RETAIN IN FILE

HSMV 82994 (REV. 04/14) S

WHEN SHOULD THIS FORM BE USED?

FORM HSMV 82994, MOTOR VEHICLE TITLE REASSIGNMENT, IS PRESENTED, MUST BE USED:

1. with conforming Florida Certificate(s) of Title to make additional dealer reassignments and odometer disclosures when all reassignment and odometer disclosure spaces on the reverse side of the Certificate of Title have been used;

Or

2. with a non-conforming Certificate(s) of Title to make reassignments and odometer disclosures;

Or

3. with conforming MCO, when the MCO is not available at the time of sale;

Or

4. with all out-of-state non-conforming Certificate(s) of Title to make dealer reassignments and odometer disclosures;

Or

5. when ownership is being transferred on an Electronic Certificate(s) of Title.

**NOTE:** This form should NOT be used when the owner is transferring ownership on a vehicle that does not have an electronic Certificate of Title. If the Certificate of Title is NOT electronic, the "Transfer of Title By Seller" section must be completed by the seller(s)/agent.

FILING:

1. The original HSMV 82994 is to be surrendered with the application for title.
2. The copy of the HSMV 82994 is to be retained by the dealer in his/her records for a period of five (5) years. It is recommended that the individual seller(s) retain a copy of this form for their records.

**FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES**  
**APPLICATION FOR CERTIFICATE OF TITLE WITH/WITHOUT REGISTRATION**  
 SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

[www.fhsmv.gov/offices/](http://www.fhsmv.gov/offices/)

CHECK APPLICATION TYPE: ☐ ORIGINAL ☐ TRANSFER VEHICLE TYPE: ☒ MOTOR VEHICLE ☐ MOBILE HOME ☐ VESSEL OFF-HIGHWAY VEHICLE: ☐ ATV ☐ ROV ☐ WC

<b>1</b>		<b>OWNER / APPLICANT INFORMATION</b>					
Customer Number	Check this box if you are requesting the certificate of title to be printed. <input type="checkbox"/>		Are you a Florida resident? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Are you an alien? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Unit Number	Fleet Number
OR <input type="checkbox"/> AND <input type="checkbox"/> NOTE: When joint ownership, please indicate if "or" or "and" is to be shown on title when issued. If neither box is checked, the title will be issued with "and."		If applicable: <input type="checkbox"/> Life Estate/Remainder Person <input type="checkbox"/> Tenancy By the Entirety <input type="checkbox"/> With Rights of Survivorship <input checked="" type="checkbox"/> Owner's County of Residence:					
Owner's Name As It Appears on Driver License (First, Full Middle/Maiden, & Last Name) <b>Morgan M Saccone</b>		Owner's Email Address <b>msaccon39@gmail.com</b>		Date of Birth <b>6/7/1998</b>	Sex	FL Driver License or FEID/Suffix #	
Co-Owner/Lessee's Name As It Appears on Driver License (First, Full Middle/Maiden, & Last Name)		Co-Owner's/Lessee's Email Address		Date of Birth	Sex	FL Driver License or FEID/Suffix #	
Owner's Mailing Address (Mandatory unless a member of the Military) <b>131 S Federal Hwy Apt 621</b>		City <b>Boca Raton</b>		State <b>FL</b>	Zip <b>33432</b>		
Co-Owner's/Lessee's Mailing Address (Mandatory unless a member of the Military)		City		State	Zip		
Owner's/Lessee's Physical Street Address in Florida (Mandatory unless a member of the Military) <b>131 S Federal Hwy Apt 621</b>		City <b>Boca Raton</b>		State <b>FL</b>	Zip <b>33432</b>		
Mobile Home Physical Address (if applicable) Check if in a mobile home rental park with 10 or more lots. <input type="checkbox"/>		City		State	Zip		
Mail To Customer Name (If different From Above Owner)		Mail To Customer's Email Address		Date of Birth	Sex	FL Driver License or FEID/Suffix #	
Mail To Customer Address (If different From Above Mailing Address)		City		State	Zip		
<b>2</b>							
<b>MOTOR VEHICLE, MOBILE HOME OR VESSEL DESCRIPTION</b>							
Vehicle/Vessel Identification Number <b>3CZR05H77KM718777</b>		Make/Manufacturer <b>Honda</b>		Year <b>2019</b>	Body <b>SUV</b>	Color	Florida Title Number
Previous State of Issue	License Plate or Vessel Registration Number <b>2974</b>	Weight <b>2974</b>	Length <b>FL</b>	In. <b>FL</b>	BHP/CC	GVW/LOC	VAN USE, IF APPLICABLE <input type="checkbox"/> PASSENGER <input type="checkbox"/> OTHER
TYPE <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Auxiliary Sailboat <input type="checkbox"/> Inflatable <input type="checkbox"/> Houseboat <input type="checkbox"/> Pontoon <input type="checkbox"/> Airboat <input type="checkbox"/> Sailboat <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Canoe <input type="checkbox"/> Other <input type="checkbox"/> Specify		HULL MATERIAL <input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Wood/Fiberglass <input type="checkbox"/> Other <input type="checkbox"/> Specify		PROPULSION <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Sail <input type="checkbox"/> Air Propelled <input type="checkbox"/> Other <input type="checkbox"/> Specify		FUEL <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other <input type="checkbox"/> Specify	
USE OF VESSEL <input type="checkbox"/> Recreational (Pleasure) <input type="checkbox"/> Dealer/Manuf. <input type="checkbox"/> Exempt <input type="checkbox"/> Commercial Fish <input type="checkbox"/> Hire (Livery) <input type="checkbox"/> Commercial Live Bait <input type="checkbox"/> Commercial Mackerel <input type="checkbox"/> Commercial Blue Crab <input type="checkbox"/> Commercial Live Bait <input type="checkbox"/> Commercial Mackerel <input type="checkbox"/> Commercial Stone Crab <input type="checkbox"/> Commercial Shrimp Recp. <input type="checkbox"/> Commercial Shrimp Non-Recp. <input type="checkbox"/> Government <input type="checkbox"/> Commercial Charter <input type="checkbox"/> Commercial Oyster <input type="checkbox"/> Commercial Sponge <input type="checkbox"/> Commercial Other <input type="checkbox"/> Commercial Spiny Lobster		PREVIOUS OUT-OF-STATE REGISTRATION NUMBER:		"DRAFT OF VESSEL (The depth of water a vessel draws) FT. _____ IN. _____ *For all vessels 26' or more in length and all sailboats			
Previously Federally Documented Vessel, Attach Copy of: <input type="checkbox"/> U.S. Coast Guard Release From Documentation Form; or <input type="checkbox"/> Copy of Canceled Documentation Papers		State of Principal Use					
<b>3</b>							
<b>BRANDS, USAGE AND TYPE (Check Applicable Boxes)</b>							
<input type="checkbox"/> SHORT TERM LEASE	<input type="checkbox"/> LONG TERM LEASE	<input type="checkbox"/> REBUILT	<input type="checkbox"/> POLICE VEHICLE	<input type="checkbox"/> PRIVATE USE	<input type="checkbox"/> TAXI CAB	<input type="checkbox"/> FLOOD	<input type="checkbox"/> ELEV
<input type="checkbox"/> ASSEMBLED FROM PARTS	<input type="checkbox"/> BONDED TITLE	<input type="checkbox"/> KIT CAR	<input type="checkbox"/> GLIDER KIT	<input type="checkbox"/> MANUF. BUY BACK	<input type="checkbox"/> REPLICA	<input type="checkbox"/> AUTONOMOUS	<input type="checkbox"/> ELECTRIC
<input type="checkbox"/> CUSTOM <input type="checkbox"/> STREET ROD							
<b>4</b>							
<b>LIENHOLDER INFORMATION</b>							
CHECK IF ELT CUSTOMER <input checked="" type="checkbox"/>	FEID # <b>0201803682</b>	DL # and Sex and Date of Birth	DMV Account #	Date of Lien <b>11/29/2022</b>	Lienholder's Name <b>Westlake Financial</b>		
Lienholder's Email Address <b>DUGGANAUTO@YAHOO.COM</b>		Lienholder's Address <b>PO Box 997592</b>		City <b>Sacramento</b>	State <b>CA</b>	Zip <b>95899-7592</b>	
<input type="checkbox"/> If Lienholder authorizes the Department to send the motor vehicle or mobile home title to the owner, check box and countersign: _____ (Does not apply to vessels). If box is not checked, title will be mailed to the first lienholder. (Signature of Lienholder's Representative)							
<b>5</b>							
<b>TRANSFER TYPE</b>							
IF OWNERSHIP HAS TRANSFERRED, HOW AND WHEN WAS THE VEHICLE, MOBILE HOME, OR VESSEL ACQUIRED?							
<input checked="" type="checkbox"/> SALE	<input type="checkbox"/> GIFT	<input type="checkbox"/> REPOSSESSION	<input type="checkbox"/> COURT ORDER	<input type="checkbox"/> OTHER (SPECIFY)	DATE ACQUIRED <b>11 / 29 / 2022</b>		
<b>6</b>							
<b>ODOMETER DECLARATION</b>							
WARNING: Federal and State law requires that you state the mileage in connection with an application for a Certificate of Title. Failure to complete or providing a false statement may result in fines or imprisonment.							
I/WE STATE THAT THIS <input type="checkbox"/> 5 OR <input type="checkbox"/> 6 DIGIT ODOMETER NOW READS <b>009,712</b> (X)(NO TENTHS) MILES, DATE READ <b>11 / 29 / 2022</b> AND I/WE HEREBY CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE THE ODOMETER READING:							
<input checked="" type="checkbox"/> 1. REFLECTS ACTUAL MILEAGE. <input type="checkbox"/> 2. IS IN EXCESS OF ITS MECHANICAL LIMITS. <input type="checkbox"/> 3. IS NOT THE ACTUAL MILEAGE.							
<b>7</b>							
<b>DEALER SALES TAX REPORT AND VEHICLE TRADE IN INFORMATION (IF APPLICABLE)</b>							
FLORIDA SALES TAX REGISTRATION NUMBER <b>16-8013772795-8</b>	DATE OF SALE <b>11/29/2022</b>	DEALER LICENSE NUMBER <b>10189171</b>	AMOUNT OF TAX <b>1055.94</b>	DEALER / AGENT SIGNATURE 			
YEAR OF TRADE IN <b>2017</b>	MAKE OF TRADE IN <b>Hyundai</b>	TITLE NUMBER OF TRADE IN (IF KNOWN)	VEHICLE IDENTIFICATION NUMBER OF TRADE IN <b>KMHD35LH9HU372573</b>				

WARNING: Federal and State law requires that you state the mileage in connection with an application for a Certificate of Title. Failure to complete or providing a false statement may result in fines or imprisonment.

I/WE STATE THAT THIS ☐ 5 OR ☐ 6 DIGIT ODOMETER NOW READS **009,712** (X)(NO TENTHS) MILES, DATE READ **11 / 29 / 2022** AND I/WE HEREBY CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE THE ODOMETER READING:

☒ 1. REFLECTS ACTUAL MILEAGE. ☐ 2. IS IN EXCESS OF ITS MECHANICAL LIMITS. ☐ 3. IS NOT THE ACTUAL MILEAGE.

<b>7</b>				
<b>DEALER SALES TAX REPORT AND VEHICLE TRADE IN INFORMATION (IF APPLICABLE)</b>				
FLORIDA SALES TAX REGISTRATION NUMBER <b>16-8013772795-8</b>	DATE OF SALE <b>11/29/2022</b>	DEALER LICENSE NUMBER <b>10189171</b>	AMOUNT OF TAX <b>1055.94</b>	DEALER / AGENT SIGNATURE 
YEAR OF TRADE IN <b>2017</b>	MAKE OF TRADE IN <b>Hyundai</b>	TITLE NUMBER OF TRADE IN (IF KNOWN)	VEHICLE IDENTIFICATION NUMBER OF TRADE IN <b>KMHD35LH9HU372573</b>	

# 8 MOTOR VEHICLE IDENTIFICATION NUMBER VERIFICATION

THIS SECTION REQUIRES A PHYSICAL INSPECTION AND A VERIFICATION OF THE VEHICLE IDENTIFICATION NUMBER (VIN) (OR THE MOTOR NUMBER FOR MOTOR VEHICLES MANUFACTURED PRIOR TO 1955) OF THE MOTOR VEHICLE DESCRIBED ON THIS FORM BY A LICENSED DEALER, FLORIDA NOTARY PUBLIC, POLICE OFFICER, OR FLORIDA DIVISION OF MOTOR VEHICLES EMPLOYEE OR TAX COLLECTOR EMPLOYEE. IF THE VIN IS VERIFIED BY AN OUT OF STATE MOTOR VEHICLE DEALER, THE VERIFICATION MUST BE SUBMITTED ON THEIR LETTERHEAD STATIONERY. COMPLETE THIS SECTION ON ALL USED MOTOR VEHICLES, INCLUDING TRAILERS, (WITH ABBREVIATION OF "TL" WITH A WEIGHT OF 2,000 POUNDS OR MORE) NOT CURRENTLY TITLED IN FLORIDA.

I, the undersigned, certify that I have physically inspected the above described vehicle and find the vehicle identification number to be:

3CZRUS5H77KM718777

11/29/2022

DATE

SIGNATURE

PRINTED NAME

Law Enforcement Officer or Florida Dealer/Agency Name Carstrada, Inc Badge # or Florida Dealer # \_\_\_\_\_ Notary Stamp or Seal \_\_\_\_\_

FL DMV/Tax Collector Employee \_\_\_\_\_ Florida Compliance Examiner/Inspector Badge or ID Number \_\_\_\_\_

COMMISSIONED NAME OF FLORIDA NOTARY: \_\_\_\_\_ NOTARY'S SIGNATURE \_\_\_\_\_  
(Print, Type or Stamp)

# 9 SALES TAX EXEMPTION CERTIFICATION

THE PURCHASE OF A RECREATIONAL VEHICLE TO BE OFFERED FOR RENT AS LIVING ACCOMMODATIONS DOES NOT QUALIFY FOR EXEMPTION. I CERTIFY THE RECREATIONAL VEHICLE, MOBILE HOME OR VESSEL DESCRIBED HAS BEEN PURCHASED AND IS EXEMPT FROM THE SALES TAX IMPOSED BY CHAPTER 212, FLORIDA STATUTES, BY:

☐ PURCHASER (STATE AGENCIES, COUNTIES, ETC.) HOLDS VALID EXEMPTION CERTIFICATE

CONSUMER'S CERTIFICATE OF EXEMPTION NUMBER \_\_\_\_\_

☐ MOTOR VEHICLE ☐ MOBILE HOME ☐ VESSEL WILL BE USED EXCLUSIVELY FOR RENTAL

SALES TAX REGISTRATION NUMBER \_\_\_\_\_

I hereby certify that ownership of the motor vehicle, mobile home or vessel described on this application, is not subject to Florida Sales and Use Tax for the following reason: ☐ INHERITANCE ☐ GIFT

☐ DIVORCE DECREE ☐ TRANSFER BETWEEN A MARRIED COUPLE ☐ EVEN TRADE OR TRADE DOWN (State the facts of the even trade or trade down and the transferor information, including the transferor's name and address, below under "Other: Explain.")

☐ OTHER: (EXPLAIN) \_\_\_\_\_

# 10 REPOSSESSION DECLARATION

IF CHECKED, THE FOLLOWING CERTIFICATIONS ARE MADE BY THE APPLICANT:

☐ I CERTIFY THAT THIS MOTOR VEHICLE, MOBILE HOME OR VESSEL WAS REPOSSESSED UPON DEFAULT IN THE TERMS OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.  
(VESSEL) A PHOTOCOPY OF THE LIEN INSTRUMENT FOR THE VESSEL IS REQUIRED AND ATTACHED.

☐ I AM REQUESTING THAT AN ORIGINAL CERTIFICATE OF REPOSSESSION BE ISSUED FOR THE MOTOR VEHICLE OR MOBILE HOME IN LIEU OF A TITLE (REPOSSESSION).

☐ I AM REQUESTING THAT A DUPLICATE CERTIFICATE OF REPOSSESSION BE ISSUED FOR THE MOTOR VEHICLE OR MOBILE HOME, AS THE ORIGINAL HAS BEEN LOST OR DESTROYED.

# 11 NON-USE AND OTHER CERTIFICATIONS

IF CHECKED, THE FOLLOWING CERTIFICATIONS ARE MADE BY THE APPLICANT:

☐ I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED.

☐ THE VEHICLE IDENTIFIED WILL NOT BE OPERATED ON THE STREETS AND HIGHWAYS OF THIS STATE UNTIL PROPERLY REGISTERED.

☐ THE VESSEL IDENTIFIED WILL NOT BE OPERATED ON THE WATERS OF THIS STATE UNTIL PROPERLY REGISTERED.

☐ OTHER: (EXPLAIN) \_\_\_\_\_

# 12 APPLICATION ATTESTMENT AND SIGNATURES

I HAVE PHYSICALLY INSPECTED THE ODOMETER/VIN AND FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS. (More than one form HSMV 82040 may be used for additional signatures.)

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

[Signature] 11/29/2022  
SIGNATURE OF APPLICANT (OWNER) Date SIGNATURE OF APPLICANT (CO-OWNER) Date

# 13 RELEASE OF SPOUSE OR HEIRS INTEREST

The undersigned person(s) state(s) as follows: That \_\_\_\_\_ died on \_\_\_\_\_  
(Name of Deceased) (Date)

☐ testate (with a will) ☐ Intestate (without a will) and left the surviving heir(s) named below.

☐ When applicable, the heir(s) (named below) certifies that the certificate of title is lost or destroyed.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Print or Type Name of Spouse, Co-owner or Heir(s) \_\_\_\_\_ Signature of Spouse, Co-Owner or Heir(s) \_\_\_\_\_  
(More than one form HSMV 82040 may be used for additional signatures.)

That at the time of death the decedent was owner of the motor vehicle, mobile home or vessel described in Section 2 of this form. The person(s) signing above hereby releases all of his/her/their right, title, interest and claim as heir(s) at law, legatee(s), devisee(s), or otherwise to the aforesaid motor vehicle, mobile home or vessel to:

Name of Applicant(s) (Print or Type)

RESIDENTS OF FLORIDA AND ALL VESSEL OWNERS, RESIDING IN FLORIDA OR OUT OF STATE, SHOULD SUBMIT THIS FORM AND ALL REQUIRED DOCUMENTATION TO A LOCAL FLORIDA TAX COLLECTOR'S OFFICE OR THE FLORIDA TAX COLLECTOR'S OFFICE LOCATED IN THE APPLICANT'S COUNTY OF RESIDENCE FOR PROCESSING.

Check your local phone book government pages or visit the following website for current mailing addresses: <http://www.flhsmv.gov/offices/>  
[www.flhsmv.gov](http://www.flhsmv.gov)

HSMV 82040 - REV. 11/15 RULE 15C-21.001, FAC



**WHEN VEHICLE IS SOLD, TITLE HOLDER MUST ASSIGN AND FURNISH THIS TITLE INDICATING A DATE OF SALE TO THE PURCHASER WHO MUST FILE APPLICATION WITH COUNTY TAX ASSESSOR-COLLECTOR WITHIN 30 DAYS TO AVOID PENALTY.**

166682706

**FEDERAL AND STATE LAW REQUIRES THAT YOU STATE THE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES AND/OR IMPRISONMENT.**

ASSIGNMENT OF TITLE	The undersigned hereby certifies that the vehicle described in this title is free and clear of all liens, except as noted herein, and has been transferred to the following printed name and address:				
	Auction XM 595 Roswell St J Marietta GA 30060 Name of Purchaser Street City State Zip				
	I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked: <input type="checkbox"/> 1. The mileage stated is in excess of its mechanical limits. <input type="checkbox"/> 2. The odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY.				
	ODOMETER READING (No Tenths) 9219 Date of Sale 9-28-22 Karen Martinez, Agt Signature of Seller/Agent Printed Name (same as signature) I am aware of the above odometer certification made by the seller/agent. Signature of Buyer/Agent Nicole Starling Printed Name (same as signature)				

FIRST REASSIGNMENT DEALER ONLY	The undersigned hereby certifies that the vehicle described in this title is free and clear of all liens, except as noted herein, and has been transferred to the following printed name and address:				
	CARSTRADA INC 6043 HOLLYWOOD BLVD HOLLYWOOD FL 33224 Name of Purchaser Street City State Zip				
	I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked: <input type="checkbox"/> 1. The mileage stated is in excess of its mechanical limits. <input type="checkbox"/> 2. The odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY.				
	ODOMETER READING (No Tenths) 0385 Date of Sale 10/25/22 Auction XM Dealer's Name Agent's Signature Nicole Starling Printed Name (same as signature) I am aware of the above odometer certification made by the seller/agent. Signature of Buyer/Agent VAI GIGAL Printed Name (same as signature)				

SECOND REASSIGNMENT DEALER ONLY	The undersigned hereby certifies that the vehicle described in this title is free and clear of all liens, except as noted herein, and has been transferred to the following printed name and address:				
	Name of Purchaser Street City State Zip I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked: <input type="checkbox"/> 1. The mileage stated is in excess of its mechanical limits. <input type="checkbox"/> 2. The odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY.				
	ODOMETER READING (No Tenths) Date of Sale Dealer No. Dealer's Name Agent's Signature Printed Name (same as signature) I am aware of the above odometer certification made by the seller/agent. Signature of Buyer/Agent Printed Name (same as signature)				

THIRD REASSIGNMENT DEALER ONLY	The undersigned hereby certifies that the vehicle described in this title is free and clear of all liens, except as noted herein, and has been transferred to the following printed name and address:				
	Name of Purchaser Street City State Zip I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked: <input type="checkbox"/> 1. The mileage stated is in excess of its mechanical limits. <input type="checkbox"/> 2. The odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY.				
	ODOMETER READING (No Tenths) Date of Sale Dealer No. Dealer's Name Agent's Signature Printed Name (same as signature) I am aware of the above odometer certification made by the seller/agent. Signature of Buyer/Agent Printed Name (same as signature)				

LIEN	LIENHOLDER TO BE RECORDED AND SHOWN ON NEW TITLE:				
	1ST LIEN IN FAVOR OF (NAME & ADDRESS)				

## TEXAS CERTIFICATE OF TITLE



TEXAS DEPARTMENT OF MOTORVEHICLES

166682706

VEHICLE IDENTIFICATION NUMBER  
3CZRU5H77KM718777YEAR/MODEL  
2019MAKE OF VEHICLE  
HONDBODY STYLE  
LL

TITLE/DOCUMENT NUMBER

DATE TITLE ISSUED

01100344796143915 09/02/2022

MODEL

MFG CAPACITY  
IN TONS

WEIGHT

LICENSE NUMBER

HRV

2888

TONLY08

ODOMETER READING

KYTCIA J G MORALES DALLAS TX

9549

OWNER

REMARK(S)

PROGRESSIVE CASUALTY INSURANCE  
COMPANY  
1340 AIRPORT COMMERCE DR #490  
AUSTIN, TX 78741

ACTUAL MILEAGE

X

SIGNATURE OF OWNER OR AGENT MUST BE IN INK

UNLESS OTHERWISE AUTHORIZED BY LAW, IT IS A VIOLATION OF STATE LAW TO SIGN  
THE NAME OF ANOTHER PERSON ON A CERTIFICATE OF TITLE OR OTHERWISE GIVE FALSE  
INFORMATION ON A CERTIFICATE OF TITLE.

DATE OF LIEN

1ST LIENHOLDER

NONE

1ST LIEN RELEASED \_\_\_\_\_ DA

BY \_\_\_\_\_  
AUTHORIZED AGENT

DATE OF LIEN

2ND LIENHOLDER

2ND LIEN RELEASED \_\_\_\_\_ DA

BY \_\_\_\_\_  
AUTHORIZED AGENT

DATE OF LIEN

3RD LIENHOLDER

3RD LIEN RELEASED \_\_\_\_\_ DA

BY \_\_\_\_\_  
AUTHORIZED AGENT

IT IS HEREBY CERTIFIED THAT THE PERSON HEREIN NAMED IS THE OWNER  
OF THE VEHICLE DESCRIBED ABOVE WHICH IS SUBJECT TO THE ABOVE LIENS.

RIGHTS OF SURVIVORSHIP AGREEMENT  
WE, THE MARRIED PERSONS WHOSE SIGNATURES APPEAR HEREIN, HEREBY  
AGREE THAT THE OWNERSHIP OF THE VEHICLE DESCRIBED ON THIS  
CERTIFICATE OF TITLE SHALL FROM THIS DAY FORWARD BE HELD JOINTLY,  
AND IN THE EVENT OF DEATH OF ANY OF THE PERSONS NAMED IN THE  
AGREEMENT, THE OWNERSHIP OF THE VEHICLE SHALL VEST IN THE SURVIVOR(S).

SIGNATURE

SIGNATURE

SIGNATURE

DATE

FORM 30-C REV. 05/2016

DO NOT ACCEPT TITLE SHOWING ERASURE, ALTERATION, OR MUTILATION.

33392636 (718777)  
Fort Worth North